Effective	spond to a collection of information unless it displays a valid OMB control number  Complete if Known							
Fees pursuant to the Consolida	Application Number 10/53				Conf. No.: 7194			
FEE TRANSMITTAL For FY 2009				7 Application 1 Tolling Ci		June 09, 2		Oom. 110.: 7104
						Koji MATS		
				1 11001101100				
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	•	M. G. Miller		
				Art Unit	Jnit 1792			
TOTAL AMOUNT OF PAYN	Attorney Docke	t No.	0020-5381PUS1					
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
Information and authorization on PTO-2038.								
FEE CALCULATION								
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES								
		FILING FEES SEAR Small Entity			EXAM		N FEES Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	<u>Fee</u>		(\$)	Fees Paid (\$)
Utility	330	165	540	270	220	) 11	0	0.00
Design	220	110	100	50	140	) 7	0	0.00
Plant	220	110	330	165	170	) 8	5	0.00
Reissue	330	165	540	270	650			0.00
Provisional	220	110	0	0	(		0	0.00
2. EXCESS CLAIM FEES Small Entity								
Fee Description Fee (\$)								
Each claim over 20 (including Reissues) 52 26								
Each independent claim over 3 (including Reissues)							220 390	110 195
Multiple dependent claims								
Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)  12 - 20 or HP = 0   x   = 0.00							ee (\$)	pendent Claims Fee Paid (\$)
HP = highest number of total of						-	CC (4)	0.00
	Extra Claim		_	Paid (\$)				
1 -3 or HP = 0 x = 0.00								
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 =0 /50 =0 (round <b>up</b> to a whole number) x =0.00								
4. OTHER FEE(S)  Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)  0.00								
Other (e.g., late filing surcharge): Second Month Extension of Time 490.00								
SUBMITTED BY								
Signature	m	The state of the s	F	Registration No. 3 Attorney/Agent)	2881		Telephone	e 703-205-8000
Name (Print/Type) John W. Bailey Date AUG 0 4 2010								

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.